

MS4 Annual Report Cover Page

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

This cover page must be completed by the report preparer. Joint reports require only one cover page.

SPI	DES	ID						
N	Y	R	2	0	А	0	2	5

Choose one:

● This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Naı	ne c	of M	S4																						
N	Y		S	t	a	t	е	С	a	n	a	1	С	0	r	р	0	r	а	t	i	0	n		

OR

	This	report	is be	ing s	submitted	on	behalf	of a	Single	Entity
\bigcirc	11113	rcport	13 00	mg s	bubililiticu	UII	Denan	UI a	Singic	Linuity

(Per Part II.E of GP-0-10-002)

J	Nar	ne o	t Si	ngle	e En	tıty													

OR

○ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Nam	e c	of C	oali	tion															
SPDI	ES	ID					S	PD	ES 1	m				SPI)FS	: ID			

SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	NYR20A



MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 2

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A



MCC form for period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPL)ES	ID						
Name of MS4	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If J	oint	Rep	ort,	ent	er c	oali	tion	nar	ne:											
L																			ш	ш



MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

		SPI	DES	ID						
Name of MS4	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ame														MI		Las	t Na	ame											
J	a	m	е	s												E		С	a	n	d	i	1	0	r	0	,		Р	Е	
Titl	e																														
D	i	r	•		0	f		Ε	n	V			Н	е	а	1	t	h		а	n	d		S	а	f	е	t	У		
Ado	dres	s																													
3	0		S	0	u	t	h		Р	е	a	r	1		S	t	r	е	е	t											
Cit	y																			S	tate		Zip)				_			
City	y 1	b	а	n	У															1 [Y	Zip 1	2	2	0	7] -			
	1	b	а	n	У															1 [1	T	2	0	7	_			
A	1	b	a e	n	У .	С	а	n	d	i	1	0	r	0	<u>a</u>	n	У	р	a	1 [1	T	2	0	7] -			
eM	ail a					С	a	n	d	i	1	0	r	0	<u>a</u>	n		p Cou			N .	Y	1	T	2	0	7	_			



MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

	SPL	DES	S ID						
Name of MS4 New York State Canal Corporation	N	Y	R	2	0	A	0	2	5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

Firs	st Na	ame														MI		Las	t Na	ame												
А	a	r	0	n														G	0	r	g	е	s									
Titl	e.																															
E	n	V	i	r	0	n	m	е	n	t	а	1		Ε	n	g	i	n	е	е	r		Ι	I								
Ad	dres	s																														
1	4	9		N	0	r	t	h	е	r	n		С	0	n	С	0	u	r	S	е	,		S	u	i	t	е		4	0	0
			-	•		•		•				-			-	•											•		-		•	
Cit	y																			S	tate		Zip)				_				
Cit ₃	у У	r	a	С	u	s	е															Y	Zip 1	3	2	1	2] -				
	У	r	a	С	u	s	е																	T	2	1	2	_				
S	У	r	a	c	u	s	е	r	g	е	S	<u>a</u>	n	У	р	a		g	0					T	2	1	2] -				
s eM	у ail a				u			r	g	е	S	<u>a</u>	n	У	p	a		g Cou		v				T	2	1	2] -				



MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$

		SPL	DES	ID						
Name of MS4	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	st Na	ame														MI	_	Las	t Na	ame											
J	a	i	m	е												М		D	a	V	i	d	s	0	n	,		Р		E	
Titl	e																														
J	M		D	а	V	ij	d	S	0	n		Ε	n	g	i	n	е	е	r	i	n	g	,		D	•	Р		С		
Ado	dres	s																													
9	3	5		S	h	е	r	i	d	a	n		D	r	i	v	е	,		S	u	i	t	е		1	2	0			
Cit	y																			S	tate		Zip)							
City	y O	n	a	W	a	n	d	a														Y	Zip	4	1	5	0] -			
	0	n	a	W	а	n	d	а														\neg			1	5	0	-			
Т	0	n	a	w	a	n	d	a	@	j	m	d	a	V	i	d	S	0	n			\neg			0	5 m	0	-			
T eM	o ail d								@	j	m	d	a	V	i	d		O Cou		e	1 .	Y	1	4			0	_			



MCC form for period ending March 9, 2 0 2 2

				_																				SPI	DES	ID						
Na	me	of	MS	S4	New	Yorl	k Sta	te Ca	anal (Corp	orati	on												N	Y	R	2	0	Α	0	2	5
Se	ect	ior	1 3	<u>- I</u>	Par	tn	er	In	for	m	atio	<u>on</u>																				
Dic per	-		MS	4 w	ork	wi	th p	artı	ners	s/co	alit	ion	to c	com	ple	te s	om	e or	all	pei	mit	re	quir	em	ents	s du	ring		is r) Y∈	epo:		g No
	Su ac co	ıbm cep alit	it a ted ion	se . If	par yo	ate ur I not	she MS neo	eet 4 cess	oop	eac era / to	ch p ited inc	wi cluc	th a	a co	oali par	tioi ate	n, s she	ubr	ovi nit for	one	sh	eet	wi	th t	he	nar	ne (of t		ē		
Part	ner	/Co	aliti	ion l	Vam	ie																										
Р	а	r	k	s		a	n	d		Т	r	а	i	1	s		N	е	W		Y	0	r	k								
Par	tner	r/Cc	aliti	ion]	Nan	ne (c	on't	t.)															1	SPI	DES	Par	tne	· ID	- If	app	lica	ble
																								N	Y	R	2	0				
Ado	lres	s								1		1																				
3	3		Ε	1	k		S	t	r	е	е	t																				
City	/																			St	ate	_	Zip	l								
Α	1	b	a	n	У															N.	1 X		1	2	2	0	7	-				
еМа	ail																															
р	t	n	У	@	р	t	n	У		0	r	g																				
Pho	ne			1				1					1						Le	oall	v Bi	indi	ng A	\ ore	eme	ent i	n ac	cor	dan	ice		
(5	1	8)	4	3	4	_	1	5	8	3											-002						Y		•	No
WI	nat.	tac	ke/i	resi	non	sih	iliti	ies	are	ch:	areo	ł w	ith	thic	e ne	artn	er i	(e o	· M	M.	1 S	cho	no1 ⁻	Pro	ora	me	or	Мı	ıltiı	nle '	Тас	sks)?
* * 1	ıaı	ias	K3/1	ı cs _j	PO11		1110	103		5116		1 VV	1111	tiii.	P	11 (11		ع.ت)	,. 1VI		1 5			110	51 a	.1113	OI	1410		,JIC		, KS).
• N	ИM	11	А	d	0	р	t	_	a	_	С	a	n	a	1																	
• N	ИΜ	12	S	р	0	n	s	0	r		0	f		С	1	е	a	n		S	W	е	е	р								
\circ 1	ИΜ	13																														
\circ N	ИМ	14																														
\circ N	ИM	15																														
\circ N	ИΜ	16																														
Ad	ldit	ion	al t	ask	cs/r	esp	ons	ibi	litie	es																						
0	W	7at e	ersk	red	Im	pro	ver	ner		tra					,	gen	ien	t Pi	raci	tice	s re	equ	ireo	d fo	r N	1S 4	·s ir	ı in	npa	irec	t	



MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

	_	SPL	DES	ID						
Name of MS4 New York State Canal Corporation		Ν	Y	R	2	0	А	0	2	5

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Na	me														MI		Last	t Na	me											
Ja	m	е	s												Ε		С	а	n	d	i	1	0	r	0					
Title (Cle	arly	pri	nt ti	tle o	of ir	divi	idua	ıl <u>si</u> ş	gnin	g re	por	t)																	
D i	r			0	f		E	n	v			Н	е	a	1	t	h		а	n	d		S	s	f	е	t	У		
Signatur	re																					Dat	e]/]/			

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPL)ES	ΙD						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

								•	Wa	tei	r O)11s	lit	v T	r e	nd	S										
The info	ormat	ion i	n thi	s se	ctio	n is 1	ein:									110	<u>.5</u>										
● On bo	ehalf	of ar	indi coali	ividu ition	ıal l	MS4							ſ														
1. Ha rela On	ated					-				-	-						_			_				eas	ure Ye		• No
If Yes,		e one	e of	the	follo	owing	3																	Ŭ			- 110
○ Repo	rt(s) a	attacl	ned t	o th	e an	nual	repo	ort																			
○ Web	_	ase j		_			_						ere i	repo	ort((s) (can	be	acc	ess	ed	- n	ot h	nom	ne p	age	.
	URI	,																									
	URI	<i>.</i>			Τ																						
									<u> </u>																		
	URI																										



This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$

		SPI	DES	ID						
Name of MS4/Coalition New York State Canal Co	rporation	N	Y	R	2	0	А	0	2	5

Name of MS4/Coantion]
Minin	num	Con	<u>trol</u>	Mea	<u>isu</u>	re I	1. F	² u	bli	ic E	<u>dı</u>	ıca	atio	n	<u>an</u>	d (<u>Ou</u>	tre	eac	<u>h</u>				
The information in this	s sectio	on is b	eing	report	ed (che	ck o	ne)	:															
On behalf of an indiOn behalf of a coalinHow ma	tion		ontri	buted	. to 1	this	repo	ort	?															
1. Targeted Public	Educ	ation	and	l Out	reac	ch I	Best	M	an	age	me	nt	Pra	acti	ces	5								
Check all topics that	were	includ	ded i	n Edu	ıcati	ion	and	Οι	ıtre	ach	dυ	ırin	ıg t	his	rep	ort	ing	g pe	rio	d:				
Construction Sites												•	Pes	tici	de :	and	. Fe	ertili	izer	Ap	plic	cati	on	
● General Stormwater	Mana	gemen	nt Inf	ormat	ion								Pet	W	aste	e M	ana	ıgen	nen	t				
Household Hazardou	us Was	ste Dis	sposa	ıl									Red	eyc]	ling	,								
● Illicit Discharge Det	tection	and E	Elimi	nation								•	Rip	ari	an (Cor	ride	or F	rot	ecti	on/l	Res	tora	ation
O Infrastructure Maint	tenance	•											Tra	ısh	Ma	nag	gem	ent						
O Smart Growth												•	Vel	nicl	e V	Vas	hin	g						
O Storm Drain Markin	ng											0	Wa	ter	Co	nse	rva	tion	1					
O Green Infrastructure	e/Better	Site	Desig	gn/Lov	v In	npac	et De	eve	lop	men	t	•	We	tlar	nd 1	Pro	tect	ion						
Other:												0	No	ne										_
N u t r i e n Other	ts																							
2. Specific audienc	es tar	geted	dur	ing tl	his	rep	ortii	ng	pe	rioc	l :													
Public Employees	O Co	ntracto	ors																					
O Residential	O De	velope	ers																					
O Businesses	• Ge	neral l	Publi	c																				
○ Restaurants	\bigcirc Ind	lustrie	s																					
• Other:	O Ag	ricultu	ıral																					
Public	Ca	n a	a l	U	s	е	r	S	,		N	Y	S	С	С		S	t	а	f	f			



SPDES ID

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name	e of	MS	54/C	Coa	litic	on	lew '	York	State	e Car	nal C	orpo	ratio	n										N	Y	R	2	0	А	0	2	5
3.					_			•						ion ıppl		e to	ac	hie	eve	ed	uca	tio	n a	nd	out	trea	ach	ı go	als	du	rin	ıg
\circ Co	onsi	tru	ctio	n S	Site	Or	oera	tors	s T1	ain	ed													7	# Tr	aine	ed					
O Di	irec	t N	1ai	ling	gs																			#	Ma	ilin	gs					
○ Ki	iosk	cs c	or C)th	er I	Disj	play	'S																#]	Loca	atio	ns					
O Li	st-S	Ser	ves																						# I	n Li	st					
\circ M	aili	ng	Lis	st																					# I	n Li	st					
O No	ews	spaj	per	Ac	ls c	or A	rtic	eles																#]	Day	s Rı	ın					
• Pu	ıbli	c I	Eve	nts	/Pr	esei	ntat	ions	3	Εν	ent/	s c	anc	eled	d dı	ie to	o C	OV.	ID					# /	Atte	nde	es					0
• Sc	cho	ol I	Pro	gra	m					Ev	ent	s ca	anc	elec	l du	e to	C	OVI	D					# /	Atte	nde	es					0
\circ T'	V S	pot	/Pr	ogı	ram	ı																		#]	Day	s Rı	ın					
• Pr											olori	_		ks								Т	otal	# D	istri	bute	ed			5	0	0
	Lo					brai	ries,	tow	n off	ices	, kio	sks)																				
		1	+									_		\pm																		
		1	1																													
O O1	L ther	 r:																														
• W	'eb	Pa	ge:		Pro	vic	le s	peci	ific	wel	b ac	ldre	esse	:S - 1	10t	hon	ne p	oago	e. (Con	tinı	ie o	n ne	ext	pag	e if	ado	ditio	ona!	l sp	ace	is
	RL				nee																											
ŀ	n t	t	t	р	:	/	/	W	W	W		С	a	n	а	1	s		n	У		g	0	V	/	С	0	m	m	u	n	i
t		У	/	е	n	V	i	r	0	n	m	е	n	t	а	1	/															
U	RL																															
		1																														



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Nam	e of	MS	4/C	oalit	tion	Ne	ew '	York	Stat	e Cai	nal C	orpo	ratio	n										N	Y	R	2	0	А	0	2	5
3. T	We	b P	age	co	n't.	.:		Pro	ovi	de s	spe	cifi	c w	eb	ado	lres	sses	- n	ot :	hor	ne j	pag	e.									
Ī																																
İ																																
U	RL																															
Ī																																
U	RL																															
U	RL																															
Ľ	RL																															
Ľ	RL																															
				\downarrow																												
Ľ	RL					,																										



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

SPDE	S ID
Name of MS4/Coalition New York State Canal Corporation	R 2 0 A 0 2 5
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving meadentified in your Stormwater Management Program Plan (SWMPP), including II.C.1. Submit additional pages as needed.	_
A. Briefly summarize the Measurable Goal identified in the SWMPP in thi	s reporting period.
Host events and presentations that include a stormwater education component, presentations and events at the Locks and along the Canal, with a measurable grattendees.	
3. Briefly summarize the observations that indicated the overall effectivene Goal.	ess of this Measurable
Scheduled public events and presentations were canceled during the reporting y	ear due to COVID.
C. How many times was this observation measured or evaluated in this rep	orting period? O (ex.: samples/participants/eve
D. Has your MS4 made progress toward this Measurable Goal during this	reporting period? ○ Yes ● No
2. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	f this MCM during
Evaluate opportunities for events and presentations in the 2022-2023 reporting	period.



This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$

ii suomittir	ig this form as part of a joint report on behalf of	SPDES ID blank.
Name of MS4/Coalition	New York State Canal Corporation	N Y R 2 0 A 0 2 5
4. Evaluating Pro	gress Toward Measurable Goals MCM 1	1
identified in your St	ort on your progress and project plans towater Management Program Plan (SW tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in this reporting period.
Connecting the Dro	ter-related outreach materials developed by ops children's activity book, and Clean Wat he Locks and through school presentations, rials.	ter Everyone Can Help children's fact
B. Briefly summar Goal.	rize the observations that indicated the o	overall effectiveness of this Measurable
During this reportir	ng cycle, 500 coloring books were distribut	ted at schools.
C. How many time	es was this observation measured or eval	luated in this reporting period? 500 (ex.: samples/participants/ev
D. Has your MS4	made progress toward this Measurable (Goal during this reporting period? ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth i	
_	rize the stormwater activities planned to ing cycle (including an implementation se	
Educational events have been lifted.	for the public and at schools are planned to	o resume once pandemic restrictions
5000 printed materi	ials were distributed in the 2020 reporting of	cycle, surpassing the Measurable Goal



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	Y R 2 0 A 0 2 5
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achieving midentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	_
A. Briefly summarize the Measurable Goal identified in the SWMPP in t	his reporting period.
Include stormwater-related information and links to reports and educational renvironmental Stewardship web page, which is accessible to the public, with 1,000 total web page views and 500 unique web page views.	
B. Briefly summarize the observations that indicated the overall effective Goal.	eness of this Measurable
The NYSCC Environmental Stewardship web page remains active and currencounts are forthcoming.	nt. Web page view
C. How many times was this observation measured or evaluated in this r	
D. Has your MS4 made progress toward this Measurable Goal during th	(ex.: samples/participants/events is reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPF	?? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).	s of this MCM during
Continue to maintain the stormwater-related information on the Environment page.	al Stewardship web



SPDES ID

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2$

				_							
Name of MS4/Coalition New York State Canal Corporation				N	Y]	R 2	0	A	0	2	5
Minimum Control Measure 2.	Public Invo	olver	nent	:/ P	arti	icip	<u>ati</u>	<u>on</u>			
The information in this section is being reported (che	ck one):										
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this 	report?										
1. What opportunities were provided for pub development, evaluation and improvement (SWMP) Plan during this reporting period	of the Stormw	ater	Man					ŗar	n		
Cleanup Events					#Ev	ents			1	2	0
 Comments on SWMP Received 				# C	omm	ents					0
Community Hotlines	Phone # (8 0	0)	4	2 2]-	6	2	5	4
Phone # (Phone # ()			_				
Phone # (Phone # ()			_				
Phone # ()	Phone # ()			_				
Phone # ()	Phone # ()			_				
Phone # ()	Phone # ()			_				
O Community Meetings				# /	Atten	dees					
○ Plantings					Sq	ı. Ft.					
O Storm Drain Markings					#Dr	ains					
O Stakeholder Meetings				# /	Atten	dees					
O Volunteer Monitoring					#Ev	ents					
Other:											
2. Was public notice of availability of this and Program (SWMP) Plan provided?	nual report and	d Sto	rmw	ate	er M	ana	_	nen Ye		0	No
○ List-Serve					# In	List					
O Newspaper Advertising				#]	Days	Run					
○ TV/Radio Notices				#]	Days	Run					
● Other: E n v i r o n m e n t a l	N e w s	В	u	1	1 6	e t	i	n			



SPDES ID

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

																		1					_					_	_
ne of MS	4/Coa	litic	n N	ew Y	York	State	Car	al C	orpo	ratio	n										N	Y	R	2	0	А	0	2	5
URL(s Please) cor prov	ı't.: ⁄ide	e sp	eci	ific	ad	dre	ess(es)	wh	ier	e no	otic	e(s) ca	an l	be a	acc	ess	ed -	- no	ot h	on	ıe p	ag	e.			
URL W W V	w .	С	a	n	a	1	s		n	У		g	0	V	/	С	0	m	m	u	n	i	t	У	/	е	n	V	i
r o r	n m	е	n	t	a	1	/																						
URL										1																			
JRL				ı						ı	I	T		ı															
URL																													
URL																													
URL					_																								
URL										1				1	ı														

Name of MS4/Coalition New York State Canal Corporation



5

Y R 2

Ν

0 A 0 2

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$

IRL	se pr	ovid	le sp	eci	fic	ad	dre	ess(es)	wh	ero	e no	otic 	es	can	be	ac	ces	sec	1 - 1	not	ho	me	pa	ıge.			_
		_																									L	L
JRL .																												
																												Г
JRL					l				l		I		l															
																												<u></u>
JRL																												Т
		+																									\vdash	L
RL				1								ı															_	
																											L	
JRL			-		-				-		-		-															_
																												H
																												L
JRL																												Г
							<u> </u>		<u> </u>		<u> </u>		<u> </u>		<u> </u>											<u> </u>	<u> </u>	<u></u>
	1 1	1	- 1	1	1	1	1	1	I .	1	1	1	1	1	1									1	1	1	1	1

Name of MS4/Coalition New York State Canal Corporation



SPDES ID

YR

2

0 A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, |2| |0|

	/he rog				_						_	t co		nei	nts	on	tho	se	do	cun	nen			Ma	ana	age	me	nt			
																							cum al p							d	
• MS	4/C	oali	itioı	ı C			•																-	_						nme	nts
	Dep E	artr n	nen V	t i	r	0	n	m	е	n	t	а	1		А	f	f	a	i	r	S										
	Ado	lres	S																												
	3 City	0		S	0	u	t	h		Р	е	а	r	1		S	t	r	е	е	t	Zip									
	A	1	b	a	n	У]	И .	Y		2.ip	2	2	0	7	_				
	Pho	ne																													
	(5	1	8)	4	3	3	_	6	7	7	4																		
○ Libı	rary Ado	, lres	s													C) A	nnu	al I	Rep	ort		SV	WN	1P 1	Plar	1	0	Con	nme	nts
	City	1																Г				Zip									
	L Pho	ne																													
	()				_																						
Oth	er	1) A :	nnu	al I	Rep	ort		S	WN	1P 1	Dlar		_	~ on	nme	nts
	Add	ires	S																							r iai	1	\circ	COII		
																										r iai	1				
	City	7																				Zip					1				
	City	I																				Zip					1 				
	City																					Zip					_				
	Ž)																	Zip					_				
	Pho	ne	UR	L:)) A	nnu	al I	Rep			SV	WN	1P 1		-			nme	nts
	Pho	ne	UR	L:) C	a	n	a	 -	S		n	У	•	g) A	mnu /	al I	Rep				WM n	IP I		-			nme	nts
	Pho (ne		L:) c m		n	a		s		n	У		g			nnu /		_	ort					Plan	-		Con	nme	
	Pho (b Pa	ne age W	W	•					1		. /	n	У		g			nnu /		_	ort					Plan	-		Con	nme	
• Wel	Pho (w	ne age W	W	n	m	е	n	t	1 a	1	·			·		0	V	/	С	0	ort m	m		n	i	Plar	-	() () / / ge.	Com e	nme	V
• Wel	Pho (w	ne age W	W	n	m	е	n	t	1 a	1	· /			whee		0	V	/	С	0	ort m	m	u	n	i	Plar	-	() () / / ge.	Com e	nme	V



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

	SPDES ID
Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
4.a. If this report was made available on the internet, what dat	te was it posted?
Leave blank if this report was not posted on the internet.	
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitting	ng a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporti If Yes, what was the date of the meeting?	ng period?
If No, is one planned?	○ Yes ● No
5.b. Was an Annual Report public meeting held for all MS4s c	contributing to this report during
this reporting period?	○ Yes • No
If No, is one planned for each?	○ Yes ● No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ Yes ● No



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPDES ID
Name of MS4/Coalition New York State Canal Corpora	ation	N Y R 2 0 A 0 2 5
7. Evaluating Progress Toward Measu		d ashioving massurahla goals
Use this page to report on your progress a dentified in your Stormwater Manageme II.C.1. Submit additional pages as needed.	nt Program Plan (SWM d.	IPP), including requirements in Part
A. Briefly summarize the Measurable	Goal identified in the S	SWMPP in this reporting period.
In partnership with Parks & Trails New Yeach year in concert with Earth Day, with statewide.		•
B. Briefly summarize the observations Goal.	that indicated the ove	erall effectiveness of this Measurable
One-hundred twenty (120) cleanup event more than 1100 volunteers in attendance. Tonawanda to Whitehall.		-
C. How many times was this observation	on measured or evalua	ated in this reporting period?
		(ex.: samples/participants/ev
D. Has your MS4 made progress towar	rd this measurable goa	
E. Is your MSA on schodule to most the	o doadling got fouth in	● Yes ○ No
E. Is your MS4 on schedule to meet the	e deadime set fortif in	• Yes O No
F. Briefly summarize the stormwater a the next reporting cycle (including a	_	
	an implementation sch	nedule).



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

New York State Canal Corporation	SPDES ID N Y R 2 0 A 0 2 5
Name of MS4/Coalition rew Tork State Canal Corporation	N Y R 2 0 A 0 2 5
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Provide public information regarding active projects on the NYSe https://www.canals.ny.gov/community/environmental/index.html	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Public review documents are made available on the website, alon project overviews and contact information.	ng with FAQs, project updates,
C. How many times was this observation measured or evaluat	ted in this reporting period?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	9
NYSCC will continue to seek public input for proposed projects a through their website.	and will provide project information



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	•
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Post the NYSCC Draft and Final Annual Reports at https://www.canals.ny.gov/community/environmental for public	review and comment.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
No public comments were received for the 2020-21 MS4 Annual	l Report.
C. How many times was this observation measured or evaluation	ted in this reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	l during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
NYSCC will continue to post the MS4 Annual Reports. All commaddressed as received.	ments will be documented and



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition	New York State Canal Corporation		N Y R 2 0 A 0 2 5
7. Evaluating Pro	ogress Toward Measurable Goa	als MCM 2	
identified in your St	port on your progress and project tormwater Management Progran itional pages as needed.	-	<u> </u>
A. Briefly summar	rize the Measurable Goal ident	tified in the SWMPP	in this reporting period.
_	ement events on the NYSCC web ny.gov/wwwapps/news/events/c		
B. Briefly summar Goal.	rize the observations that indic	eated the overall effe	ctiveness of this Measurable
events from taking	led to take place are posted on the place, however. Links are also in weep and I Love My Park Day ex	ncluded to the ptny.or	-
C. How many time	es was this observation measur	red or evaluated in th	nis reporting period? (ex.: samples/participants/event
D. Has your MS4	made progress toward this me	asurable goal during	
E. Is your MS4 on	n schedule to meet the deadline	set forth in the SWN	MPP? ● Yes ○ No
•	rize the stormwater activities p ing cycle (including an implem	_	goals of this MCM during
Initiate and post pu	ublic events as COVID restriction	ns allow.	

Name of MS4/Coalition



SPDES ID

N Y

R 2 0

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

New York State Canal Corporation

	Minimum Control Measure 3.	<u>Illi</u>	<u>cit</u>	<u>Disc</u>	har	ge	<u>Dete</u>	ecti	on a	anc	d E	Elir	nina	atio	<u>on</u>
Th	e information in this section is being reported ((che	ck (one):											
• (() (On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to t	his	rep	ort? [
1.	Enter the number and approx. percent	of o	utf	alls n	nap	ped				3	6	#	1	0	0 %
2.	How many of these outfalls have been so reporting period (outfall reconnaissance				•	wea	ather	dis	scha	rge	s d	luri	ng tl	his	0
3.a	a.What types of generating sites/sewershe reporting period?	eds '	wei	re tar	geto	ed fo	or ins	peo	etion	ı du	ıriı	ng 1	this		
	O Auto Recyclers	0	La	ndscap	ing	(Irri	gatior	1)							
	O Building Maintenance	0	Ma	ırinas											
	○ Churches	0	Me	etal Pla	ateir	ng O	perati	ons							
	O Commercial Carwashes	0	Ou	tdoor	Flui	d Sto	orage								
	O Commercial Laundry/Dry Cleaners	0	Par	rking l	_ot .	Mair	ntenan	ce							
	O Construction Vehicle Washouts	0	Pri	nting											
	○ Cross-Connections	0	Re	sidenti	al C	Carw	ashing	3							
	O Distribution Centers	0	Re	staura	nts										
	O Food Processing Facilities	0	Scl	nools	and	Univ	ersiti	es							
	O Garbage Truck Washouts	0	Sep	otic M	aint	enan	ce								
	○ Hospitals	0	Sw	immin	g P	ools									
	O Improper RV Waste Disposal	0	Ve	hicle]	Fuel	ing									
	O Industrial Process Water	0	Ve	hicle N	M air	ıt./R	epair	Sho	ps						
	Other:		No	ne											
	O Sewersheds:			<u> </u>										1	



SPDES ID

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition New York State Canal Corporation	on		N Y	R 2	0	А	0	2	5
3.b.What types of illicit discharges have	been found dur	ing this report	ing p	eriod	?				
O Broken Lines From Sanitary Sewer	O Industrial Con	nections							
○ Cross Connections	O Inflow/Infiltrat	ion							
O Failing Septic Systems	O Pump Station	Failure							
O Floor Drains Connected To Storm Sewers									
• Illegal Dumping	O Straight Pipe S	Sewer Discharge	S						
• Other: S p i 1 1 s S S S S S S S S S	O None	ons have been	detec	eted d	luriu	ng t	hic		
reporting period?	ii megai connecti	ons have been	ucice	icu u	uiii	ig t	1112		8
						L			
5. How many illicit discharges have be	en confirmed du	ring this repor	ting p	erio	1?			1	8
6. How many illicit discharges/illegal c period?	onnections have	been eliminate	ed dur	ing t	his ı	r ep o	orti	Ť	8
-				10		[
7. Has the storm sewershed mapping b If No, approximately what percent was	-	• •		od?	0	Ye	S	0	No
, 11 3 1	1	1 01							용
8. Is the above information available in Is this information available on the						Ye			No
If Yes, provide URL(s):	wen:				O	Ye	S	•	No
Please provide specific address of page	where map(s) car	be accessed -	not ho	me p	age.				
URL									
								_	ī
								+	\exists
URL									



This report is being submitted for the reporting period ending March 9, 2 0 2 2

																		1			SPI							
e of M	S4/Coa	alitic	on N	lew `	York	State	e Can	al C	orpo	ratio	n										N	Y	R	2	0	А	0	2
	(s) co se pro			pec	ific	ad	ldr	ess	of	paş	ge v	whe	ere	ma	ıp(s	s) c :	an	be	acc	ess	ed	- n	ot !	hon	ne j	pag	ge	
RL																								_				
																							L					
																								Т				T
																												_
RL																								$\overline{}$				Г
																							_	L			_	L
RL		-																										
																						l		<u> </u>				L
			<u> </u>				<u> </u>																_	L			_	L
RL								1																				
																								\perp				F
																								<u></u>				L
RL		1	Π						Г						Г									$\overline{}$				
																							_	L			_	L
Цес	an ID	DE	Lor	w h		•	lon	.tod	l fo		مما		~d;	tio	nal	M	C1	one	4/a	a h	O. T. Y. O.	ID	'LI				180	ا م ا
	an 1D oved						_															ш	ועי	י p ע		eut Ye		5 I
F F -			••		•										8				ı						Ŭ		,,,	,
If Ye	s, has	s ev	ery	tra	adi	tioı	nal	MS	S4	con	ıtri	but	ting	g to	th	is r	ерс	ort	cer	tifi	ied	tha	at t	his	lav	v is	;	
	valent																-						O Y) N		
Wha	t per	cent	t of	sta	iff i	in r	ele	vai	nt p	os	itio	ns	and	d d	epa	rtr	ner	nts	has	re	cei	ved	ΙI)DI	E tr	·air	in	g ?



This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

New York State Canal Corporation	SPDES ID N Y R 2 0 A 0 2 5
Name of MS4/Coalition New York State Canal Corporation	
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Inspect a minimum of 20% of outfalls each reporting year.	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Outfall inspections did not take place during this reporting cycle	
C. How many times was this observation measured or evalua	ited in this reporting period?
·	
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/ever
	○ Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sch	9
Outfall inspections were completed in the previous reporting cycles having been inspected.	ele, with 36 of 36 outfalls (100%
Additional outfall inspections beyond the quantity specified in the for Summer 2022.	ne Measurable Goal are scheduled



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition	New York State Canal Corporation		SPDES ID N Y R 2 0 A	0 2 5
12. Evaluating Prog	gress Toward Measurable Goa	ls MCM 3		
identified in your Sto	ort on your progress and project ormwater Management Program tional pages as needed.	•	-	n Part
A. Briefly summari	ize the Measurable Goal ident	ified in the SWMP	P in this reporting pe	eriod.
Identify potential illi	icit discharges and complete ID	DE track-downs as r	necessary.	
B. Briefly summari Goal.	ize the observations that indica	ated the overall effo	ectiveness of this Mea	asurable
1	ve been kept of incidents involvi ow-up measures taken by staff f		-	uding
C. How many times	s was this observation measur	ed or evaluated in t		? 1 8 participants/events
D. Has your MS4 n	nade progress toward this mea	surable goal durin		-
E. Is your MS4 on	schedule to meet the deadline	set forth in the SW		s ○ No ○ No
•	ize the stormwater activities p ng cycle (including an implem		goals of this MCM d	
Continue to identify	potential illicit discharges and o	complete IDEE track	κ-downs as necessary.	



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
2 English a Discourse Towns I May 2001 L. Carlo MCM 2	
2. Evaluating Progress Toward Measurable Goals MCM 3	
Jse this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Provide IDDE training to NYSCC staff.	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Training did not take place during this reporting cycle.	
C. How many times was this observation measured or evalua	ted in this reporting period?
	0
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/
7. Trus your 14154 made progress toward this measurable goa	• Yes ● No
E. Is your MS4 on schedule to meet the deadline set forth in t	
	• Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation school	9
Additional IDDE training opportunities will be evaluated in 2022	2.
Traditional 1222 duming opportunities will be evaluated in 2022	



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
12. Evaluating Progress Toward Measurable Goals MCM	3
Use this page to report on your progress and project plans tow identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed.	9
A. Briefly summarize the Measurable Goal identified in th	ne SWMPP in this reporting period.
Review the IDDE procedures outlined in the SWMP and upd	ate as necessary.
	11 66 4' C41' Mr. 11
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
The procedures were reviewed and updates were not needed or	during this reporting cycle.
C. How many times was this observation measured or eva	luated in this reporting period?
	(ex.: samples/participants/ever
D. Has your MS4 made progress toward this measurable a	goal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth	
·	● Yes ○ No
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s	
Continue to review and update the SWMP as necessary.	



This report is being submitted for the reporting period ending March 9, |2|0|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		_	SPI	DES	ID						
Name of MS4/Coalition	New York State Canal Corporation		N	Y	R	2	0	А	0	2	5

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Distribute Stormwater General Permit Maps to NYSCC Staff to be used for reference in the field for identifying areas of concern/interest in planning maintenance activities and daily tasks. Map layers include the 303(d) impaired waters listed in the GP-0-15-003 permit, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located within AA or AA-s waters.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Each Canal Division (Albany, Syracuse, and Buffalo) has one printed division map in book form. Three printed maps are also available in the Albany Headquarters, and electronic versions are available to staff via the intranet.

C. How many times was this observation measured or evaluated in this reporting period?

				1	
samp	les/	parı	tici	pant	s/events

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes	\bigcirc No
-----	---------------

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes	\circ	No
res	\cup	IN

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The MS4 program, including the Stormwater General Permit Maps, will be reviewed and updated to reference the new GP-0-20-001 Permit when finalized. The revised Stormwater General Permit Maps will reference the most update to date 303(d) impaired waters, TMDL watersheds, Rare Species and Natural Communities, National Register Sites and E and F Soils located within AA or AA-s waters.



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

_		SPL)ES	ID						
Name of MS4/Coalition	New York State Canal Corporation	Ν	Y	R	2	0	А	0	2	5

<u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

	Constituction Site and I ost-Constituction Contitut		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other requestion that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	-	O No
1b	.Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La \circ 09/2004 \circ 0	iw. 03/2006	• NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	ve been	2
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs? O Yes	ıblic ○ No	• NT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	al • No



6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#				No Authority
Stop Work Orders	#			0	O No Authority
O Criminal Actions	#				No Authority
● Termination of Contracts	#			0	O No Authority
O Administrative Fines	#				No Authority
O Civil Penalties	#				No Authority
O Administrative Orders	#				No Authority
• Enforcement Actions or Sanctions	#			0	
Other	#				O No Authority



This report is being submitted for the reporting period ending March 9, 2 0 2 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		 SPI	DES	ID						
Name of MS4/Coalition	New York State Canal Corporation	N	Y	R	2	0	А	0	2	5

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The	e information in this section is being reported (check one):			
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?			
1.	How many construction projects have been authorized for disturbanduring this reporting period?	ces of one	acre or	more
2.	How many construction projects disturbing at least one acre were aduring this reporting period?	ctive in you	ır jurisd	liction 9
3.	What percent of active construction sites were inspected during this	reporting	period?	● NT
				%
4.	What percent of active construction sites were inspected more than	once?		● NT
_				<u></u> %
5.	Do all inspectors working on behalf of the MS4s contributing to this Construction Stormwater Inspection Manual?	report use • Yes	the NY ○ No	S • NT
6.	Does your MS4/Coalition provide public access to Stormwater Pollu (SWPPPs) of construction projects that are subject to MS4 review a	tion Preve	ntion Pla	
	If your MS4 is Non-Traditional, are SWPPPs of construction projec			
	public review?		• Yes	○ No
	If Yes, use the following page to identify location(s) where SWPPPs can	be accesse	d.	



This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name (of M	S4/	Coa	litic	on_N	New	York	Stat	e Ca	nal C	Corpo	ratio	n										Ν	Y	R	2	0	А	0	2	5
6. c	an!4																														
	ubn		add	litio	ona	l na	ıge	s as	ne	ede	ed.																				
							·s·	o u o	110	Cuc																					
	MS4/Coalition Office Department																														
	E	n	V	i	r	0	n	m	е	n	t	a	1		А	f	f	а	i	r	s										
	Add	lres	s																												
	3	0		S	0	u	t	h		Р	е	a	r	1		S	t	r	е	е	t										
	City																		_ _			Zip									
	A		b	а	n	У												N	1 X			1	2	2	0	7	-				<u> </u>
	Pho	ne 5	1	8	١	4	3	3		6	7	7	4																		
O I "I	(0)	4		٦	-	0	,	/	4																		
○ Lib	rary Add		2																												
	ruc	11 03.	3																												
	City																					Zip									
																											_				
	Pho	ne												,	,				'					,	•		'				
	()				_																						
Oth	er																														
	Add	lres	s								1	1					1		1												
	City	, 																		7		Zip									
																											-				
	Pho	ne			١																										
)				_																						
○ We			UR	L(s	s):	P	lea	se p	rov	ide	spe	cifi	c a	ddr	ess	who	ere	SW	PPI	Ps c	an	be a	acce	esse	d -	not	hoı	ne j	page	e.	
	URL																												\neg		
																													ᆜ		_
	URL																														
																													\exists		司
																<u> </u>															_



This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 2 \ 2$

n suomitin	ig this form as part of a joint report of		ES ID blank.
Name of MS4/Coalition	New York State Canal Corporation		Y R 2 0 A 0 2 5
7. Evaluating Pro	gress Toward Measurable Goals	MCM 4	
dentified in your S	ort on your progress and project pl tormwater Management Program F itional pages as needed.	_	_
A. Briefly summa	rize the Measurable Goal identif	ed in the SWMPP in th	is reporting period.
	or proposed construction, as necessight process outlined in the NYSCC	-	the SWPPP design,
B. Briefly summa Goal.	rize the observations that indicat	ed the overall effectiver	ness of this Measurable
coordinated throug	viewed and 10 approved during the halicensed Professional Engineer we a quality control review by Envon the SWPPP.	in the Office of Design.	The completed
C. How many time	es was this observation measured	l or evaluated in this re	
			(ex.: samples/participants/e
D. Has your MS4	made progress toward this meas	urable goal during this	
E. Is your MS4 on	schedule to meet the deadline se	t forth in the SWMPP?	● Yes ○ No
a. Is your was ton	senedule to meet the dedunite so		● Yes ○ No
	rize the stormwater activities pla ing cycle (including an implemen	_	of this MCM during
	SWPPPs for proposed construction oversight process outlined in the	•	dance with the SWPPP



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2$

Name of MS4/Coalition	New York State Canal Corporation	N Y R 2 0 A 0 2 5
7. Evaluating Pro	ogress Toward Measurable Goals MCM 4	
identified in your S	port on your progress and project plans toward tormwater Management Program Plan (SWI litional pages as needed.	
A. Briefly summa	rize the Measurable Goal identified in the	e SWMPP in this reporting period.
Issue stop work ord sites, as necessary.	ders, terminate contracts, or take other enfor	recement actions for active construction
B. Briefly summa Goal.	rize the observations that indicated the ov	verall effectiveness of this Measurable
NYSCC has not ha	ad to issue any stop work orders or terminate	e contracts during the reporting period.
C. How many tim	nes was this observation measured or evalu	uated in this reporting period?
D. Has your MS4	made progress toward this measurable go	oal during this reporting period?
E. Is your MS4 or	n schedule to meet the deadline set forth in	● Yes ○ No n the SWMPP? • Yes ○ No
•	rize the stormwater activities planned to a	meet the goals of this MCM during
	stop work orders, terminate contracts, or initial sites, as necessary.	iate other enforcement actions for

○ Zoning

○ None

Other:

O Watershed Plans

SWP

PP



MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPDES	SID
Name of MS4/Coalition New York State Car	nal Corporation		N Y	R 2 0 A 0 2 5
Minimum Control Me	asure 5. Post	<u>-Constructio</u>	on Stormwate	er Management
The information in this section is bei	ing reported (che	ck one):		
 On behalf of an individual MS4 On behalf of a coalition How many MS4s con How many and what type of po 			unagement practi	ices has vour
MS4/Coalition inventoried, ins			_	•
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
○ Filter Systems				
O Infiltration Basins				
Open Channels	2	0	0	
○ Ponds				
O Wetlands				
Other				
2. Do you use an electronic tool BMPs, inspections and main	, ,	abase, spreads	heet) to track p	ost-construction ● Yes ○ No
3. What types of non-structura Development/Better Site Des				v Impact
○ Building Codes ○ Municipal ○	Comprehensive F	lans		
Overlay Districts Open Space	e Preservation Pre	ogram		

S

d u r e

Ρ

r o c e

O Local Law or Ordinance

○ Land Use Regulation/Zoning

e w

Other Comprehensive Plan

Revi



This report is being submitted for the reporting period ending March 9, 2 0 2 2

		SPL	DES.	D					
me of MS4/Coalition New York State Canal Corporation		N	Y	R	2	0 2	A C) 2	5
. Are the MS4s contributing to this report involved in a regional/	watershe	d v	⁄ide	pla	ann	_			• No
. Does the MS4 have a banking and credit system for stormwater	· managei	mei	nt pi	ac	etic	es?			
						\circ	Yes		N o
• •	_								
						0	Yes		N o
• • •	mented as	s pa	art o	f t	his	syst	em i	in tl	nis
reporting period?								0	
							ten	ded	
Infrastructure principles in this reporting period?	(BSD) ar	1d (othe	r (jre	en 		0	7 %
	Are the MS4s contributing to this report involved in a regional/ Does the MS4 have a banking and credit system for stormwater Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto. How many stormwater management practices have been implement period? What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design	Are the MS4s contributing to this report involved in a regional/watershe. Does the MS4 have a banking and credit system for stormwater manager. Do the SWMP Plans for each MS4 contributing to this report include a pand approval of banking and credit of alternative siting of a stormwater. How many stormwater management practices have been implemented as reporting period? What percent of municipal officials/MS4 staff responsible for program in training on Low Impace Development (LID), Better Site Design (BSD) are	New York State Canal Corporation Are the MS4s contributing to this report involved in a regional/watershed we have a banking and credit system for stormwater management and approval of banking and credit of alternative siting of a stormwater management than the system for stormwater management and approval of banking and credit of alternative siting of a stormwater management practices have been implemented as pareporting period? What percent of municipal officials/MS4 staff responsible for program impirationing on Low Impace Development (LID), Better Site Design (BSD) and on the system of the s	New York State Canal Corporation Are the MS4s contributing to this report involved in a regional/watershed wide. Does the MS4 have a banking and credit system for stormwater management properties. Do the SWMP Plans for each MS4 contributing to this report include a protocol and approval of banking and credit of alternative siting of a stormwater management properting period? How many stormwater management practices have been implemented as part or reporting period? What percent of municipal officials/MS4 staff responsible for program implementation on Low Impace Development (LID), Better Site Design (BSD) and other	Are the MS4s contributing to this report involved in a regional/watershed wide place. Does the MS4 have a banking and credit system for stormwater management prace. Do the SWMP Plans for each MS4 contributing to this report include a protocol for and approval of banking and credit of alternative siting of a stormwater management. How many stormwater management practices have been implemented as part of the reporting period? What percent of municipal officials/MS4 staff responsible for program implement training on Low Impace Development (LID), Better Site Design (BSD) and other (DSD).	New York State Canal Corporation Are the MS4s contributing to this report involved in a regional/watershed wide plant. Does the MS4 have a banking and credit system for stormwater management practic. Do the SWMP Plans for each MS4 contributing to this report include a protocol for each and approval of banking and credit of alternative siting of a stormwater management. How many stormwater management practices have been implemented as part of this reporting period? What percent of municipal officials/MS4 staff responsible for program implementation training on Low Impace Development (LID), Better Site Design (BSD) and other Green in the management of the program implementation of the pr	Are the MS4s contributing to this report involved in a regional/watershed wide planning of the SWMP Plans for each MS4 contributing to this report include a protocol for evaluand approval of banking and credit of alternative siting of a stormwater management practices have been implemented as part of this system reporting period? What percent of municipal officials/MS4 staff responsible for program implementation at training on Low Impace Development (LID), Better Site Design (BSD) and other Green	New York State Canal Corporation Are the MS4s contributing to this report involved in a regional/watershed wide planning effor O Yes Does the MS4 have a banking and credit system for stormwater management practices? O Yes Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice Yes How many stormwater management practices have been implemented as part of this system is reporting period? What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green	Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? Yes Does the MS4 have a banking and credit system for stormwater management practices? Yes Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? Yes How many stormwater management practices have been implemented as part of this system in the reporting period? What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	SPDES ID N Y R 2 0 A 0 2 5
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achievi identified in your Stormwater Management Program Plan (SWMPP), inc III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWMPI	P in this reporting period.
Inventory, inspect, and maintain post-construction stormwater control m	neasures.
B. Briefly summarize the observations that indicated the overall effection.	ectiveness of this Measurable
NYSCC has 2 post-construction best management practices, a Type O-2 a bioretention feature in Utica. No new BMPs were added in the reportir or maintenance of the existing BMPs took place.	<u>-</u>
C. How many times was this observation measured or evaluated in t	his reporting period? (ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during	g this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SW	○ Yes ● No MPP?
2. 13 your 1/154 on senedule to meet the deadline set forth in the 577	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the generating the next reporting cycle (including an implementation schedule).	goals of this MCM during
The NYSCC will continue to implement the process and perform review required.	vs following the process as



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Jes this page to report on your progress and project plans toward achieved the state of the stat	PP in this reporting period.
dentified in your Stormwater Management Program Plan (SWMPP), in I.C.1. Submit additional pages as needed. 3. Briefly summarize the Measurable Goal identified in the SWMI Crain 25% of NYSCC staff responsible for stormwater program implementation.	PP in this reporting period.
Γrain 25% of NYSCC staff responsible for stormwater program impler	
	mentation in green
3. Briefly summarize the observations that indicated the overall effoal.	fectiveness of this Measurable
Green infrastructure training was not conducted during the report year	due to COVID limitations.
C. How many times was this observation measured or evaluated in	this reporting period?
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal during	ng this reporting period? ○ Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	VMPP?
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	_



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
5. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	2
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Update the NYSCC Operations and Maintenance Plans for pos	t-construction controls as necessary.
B. Briefly summarize the observations that indicated the ov Goal.	erall effectiveness of this Measurable
The plans were reviewed and updates were not needed during t	his reporting cycle.
C. How many times was this observation measured or evalu	iated in this reporting period?
	(ex.: samples/participants/ ϵ
D. Has your MS4 made progress toward this measurable go	
E. Is your MS4 on schedule to meet the deadline set forth in	● Yes ○ No • the SWMPP?
2. 15 your 1454 on schedule to meet the deadline set for thin	• Yes O No
F. Briefly summarize the stormwater activities planned to a the next reporting cycle (including an implementation sc	
Monitor for any necessary changes or updates to the NYSCC (post-construction controls.	Operations and Maintenance Plans for



This report is being submitted for the reporting period ending March 9, 2 0 2 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPD	ES	ID						
Name of MS4/Coalition New	v York State Canal Corporation	N	Y	R	2	0	А	0	2	5

<u>ns</u>

Minimum Control Measure 6. Stormwate	er Mana	agement f	for Municipal (<u>Operation</u>
The information in this section is being reported (check o	ne):			
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this repo 	ort?			
1. Choose/list each municipal operation/facility tl		ibutes or i	nav potentially co	ontribute
Pollutants of Concern to the MS4 system. For operation/facility has been addressed in the MS4 Program(SWMP) Plan and whether a self-assereporting period. A self-assessment is perform potentially generated by the permittee's operateffectiveness of existing programs and 3) identhat will be addressed by the pollution prevent not done already.	S4's/Coaessment lated to: 1) tions and tify the 1	lition's Sto has been p determino I facilities; municipal	ormwater Managormed during the sources of polyone 2) evaluate the operations and fa	ement the ollutants cilities n, if it's
			Operation/Activit	ty/Facility
Operation/Activity/Facility Add	drocend i	n SWMP?	performed within years?	
Street Maintenance.			<u>years.</u> ○ Yes	• No
Bridge Maintenance			○ Yes	• No
Winter Road Maintenance			O Yes	• No
Salt Storage			○ Yes	• No
Solid Waste Management.			O Yes	• No
New Municipal Construction and Land Disturbance			O Yes	• No
Right of Way Maintenance			O Yes	• No
Marine Operations			○ Yes	• No
Hydrologic Habitat Modification			○ Yes	• No
Parks and Open Space			○ Yes	No
Municipal Building	_		○ Yes	• No
Stormwater System Maintenance			○ Yes	• No
Vehicle and Fleet Maintenance.			○ Yes	No
	O Yes	0.37	○ Yes	\bigcirc No



This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

	SPDES ID			
Name of MS4/Coalition New York State Canal Corporation	N Y R 2	0 A	0 2	5
2. Provide the following information about municipal operations good	l housekee _l	oing pr	ogran	ns:
Parking Lots Swept (Number of acres X Number of times swept)	# Acres			0
• Streets Swept (Number of miles X Number of times swept)	# Miles			0
● Catch Basins Inspected and Cleaned Where Necessary	#			0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			0
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			0
O Nitrogen Applied In Chemical Fertilizer 500 sf x 117 pesticide applications +	# Lbs.			0
Pesticide/Herbicide Applied 400 sf x 1 herbicide application = 1.4 ac (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)			1	4
3. How many stormwater management trainings have been provided	to municipa	al emp	loyees	<u> </u>
during this reporting period?				0
4. What was the date of the last training?	2 / 0 7	/ [2]	0 2	0
5. How many municipal employees have been trained in this reporting	g period?			0
6. What percent of municipal employees in relevant positions and dep stormwater management training?	eartments r	eceive	0	%



SPDES ID

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

Name of MS4/Coalition New York State Canal Corporation	N Y R 2 0 A 0 2 5
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	<u> </u>
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Provide Pollution Prevention Trainings for NYSCC staff, with a and 50 staff members trained per reporting year.	measurable goal of 2 training events
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
No trainings took place during this reporting cycle.	
C. How many times was this observation measured or evaluation	ted in this reporting period?
	0
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event
D. Has your 14154 made progress toward this measurable goal	• Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Evaluate additional training opportunities.	



This report is being submitted for the reporting period ending March 9, 2 0 2 2

If submittir	ng this form as part of a joint report on		
	New York State Corol C		SPDES ID
Name of MS4/Coalition	New York State Canal Corporation		N Y R 2 0 A 0 2 5
Use this page to rep	gress Toward Measurable Goals ort on your progress and project platormwater Management Program Plational pages as needed.	ans toward achieving	=
A. Briefly summai	rize the Measurable Goal identific	ed in the SWMPP in	n this reporting period.
maintenance facilit operations, hazardo	sekeeping Pollution Prevention posies. The posters include practices fous waste storage, waste product storal and vehicle fluid spills and leaks	or vessel operations a orage and disposal, v	and maintenance, dry dock rehicle and equipment
B. Briefly summai Goal.	rize the observations that indicate	ed the overall effect	iveness of this Measurable
maintenance facilit	g Pollution Prevention posters were ies and an Oil Water Separator (OV sander maintenance facility.		-
C. How many time	es was this observation measured	or evaluated in this	s reporting period? 1 0 (ex.: samples/participants/
D. Has your MS4	made progress toward this measu	ırable goal during t	
E. Is your MS4 on	schedule to meet the deadline set	t forth in the SWM	PP?
	rize the stormwater activities planing cycle (including an implement		● Yes ○ No als of this MCM during
·	g the Good Housekeeping Pollutioners will be updated as needed.	n Prevention Posters	at all of the maintenance



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

	N Y R 2 0 A 0 2 5
7. Evaluating Progress Toward Measurable Goals MCM 6	j
Use this page to report on your progress and project plans towaldentified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	e SWMPP in this reporting period.
Inspect 25% of catch basins.	
B. Briefly summarize the observations that indicated the ov Goal.	verall effectiveness of this Measurable
Catch basins were not inspected or cleaned during the reporting	g year.
C. How many times was this observation measured or evalu	
C. How many times was this observation measured or evalu	
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable go	(ex.: samples/participants/e oal during this reporting period? O Yes • No
D. Has your MS4 made progress toward this measurable go	(ex.: samples/participants/e coal during this reporting period? ○ Yes ● No n the SWMPP?
D. Has your MS4 made progress toward this measurable go E. Is your MS4 on schedule to meet the deadline set forth in	oal during this reporting period? O Yes No n the SWMPP? Yes No weet the goals of this MCM during
	oal during this reporting period? O Yes No n the SWMPP? Yes No weet the goals of this MCM during
D. Has your MS4 made progress toward this measurable go E. Is your MS4 on schedule to meet the deadline set forth in F. Briefly summarize the stormwater activities planned to	oal during this reporting period? O Yes No n the SWMPP? Yes No weet the goals of this MCM during
 D. Has your MS4 made progress toward this measurable go E. Is your MS4 on schedule to meet the deadline set forth in F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation so 	oal during this reporting period? O Yes No n the SWMPP? Yes No weet the goals of this MCM during



This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	S	SPDES ID							
Name of MS4/Coalition New York State Canal Corporation		И Я	R	. 2	0	А	0	2	5

How many MS ² (S4s must answer the que	4s contributed to this re estions or check NA a		below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-		<u>-</u>
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed Traditional Land Use	1,4,6,7a-d,8a,9	2 2 5 95 10 11 12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Oyster Bay	1,4,0,74-0,84,9	2,3,3,80,10,11,12	1 nosphorus
Γraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Fraditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional Does your MS4/Coalitic phosphorus/nitrogen/p.			mpacts of • Yes O No O



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

		SPDES ID		
Naı	me of MS4/Coalition New York State Canal Corporation	N Y R 2	0 A 0	2 5
3.	Does your MS4/Coalition have a Stormwater Conveyance Syste and Maintenance Plan Program?	m (infrastructu ○ Yes	ıre) Insp ○ No	ection • N/A
4.	Estimate the percentage of on-site wastewater treatment system and maintained or rehabilitated as necessary in this reporting p		n inspect	ted %
5.	Has your MS4/Coalition developed a program that provides pro NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from coalition five thousand square feet or more?	om Construction	on Activi	ities
6.	Has your MS4/Coalition developed a program to address post-orunoff from new development and redevelopment projects that equal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities the New York State Stormwater Design Manual Enhanced Phos Standards?	disturb greater S DEC SPDES s (GP-0-08-001)	than or General , includi	
7a	. Does your MS4/Coalition have a retrofitting program to reduce phosphorus/nitrogen/pathogen loading?	erosion or • Yes	No	O N/A
7b	.How many projects have been sited in this reporting period?			0
7c.	. What percent of the projects included in 7b have been complete	d in this report	ing perio	od?
7d	. What percent of projects planned in previous years have been c	•		0 %
		• No	Projects	Planned
8a	.Has your MS4/Coalition developed and implemented a turf mar procedures policy that addresses proper fertilizer application of lands?	_		○ N/A
8b	.Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper disposal of grass clippi municipally owned lands?	ngs and leaves		○ N/A



This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 2$

	SPDES I	<u>) </u>		
Name of MS4/Coalition New York State Canal Corporation	N Y F	2 0	A 0	2 5
9. Has your MS4/Coalition developed and implemented a prog			_	
	• '	res C	No	\circ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet prohibiting goose feeding?			-	ties and ● N/A
11. Does your MS4/Coalition have a pet waste bag program?	0	Yes C	No	• N/A
12. Does your MS4/Coalition have a program to manage goose			. N T	2 N/A
populations?	O 1	Yes C	1/10	• N/A